



**THE ASSOCIATION OF SURGEONS OF INDIA
NOMINATION FORM**

ONE POST FOR EXECUTIVE COMMITTEE MEMBER FROM CHHATTISGARH STATE CHAPTER 2020 - 2021

I, Dr..... Member (Membership No.) of the Association of Surgeons of India, propose Dr..... (Membership No.....) for the Post of Executive Committee Member from Chhattisgarh State Chapter of ASI 2020 - 2021.

.....
Signature of the Proposer
(With Name in Capitals)

.....
Signature of the Seconder
(With Name in Capitals)

ASI Membership No.....
Full Residential Address:

ASI Membership No.....
Full Residential Address:

Telephone No:- ().....
Mobile No:
Email:

Telephone No:- ().....
Mobile No:
Email:

Place:
Date:

Place:
Date:

Declaration by the Candidate

ASI Membership No.....

Year of Joining ASI.....

Period served as Executive Committee Member, Chhattisgarh State Chapter, ASI in the past:-

Full Residential Address:

If elected, I agree to serve as EXECUTIVE COMMITTEE MEMBER of ASI 2020-2021

Signature
(With Name in Capitals)
Telephone No:-

Mobile No:

Place:
Date:
Email:

Verified by: (To be completed by Chief Election Officer after scrutinizing the nomination form) :